

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Date Stamp

Statement covers period

from 03/18/2008

through 05/17/2008

Date of election if applicable:
(Month, Day, Year)

05/21/2008

Page 1 of 36

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

This amendment is being filed to adjust the cash on hand balance.

3. Committee Information

I.D. NUMBER
880969

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Drive - Democrat, Republican, Independent Voter Education

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Washington	DC	20001	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

202.624.8796 / drive@teamstersdrive.org

Treasurer(s)

NAME OF TREASURER
C Thomas Keegel

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Washington	DC	20001	202.624.6905

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

dbennett@teamster.org

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/21/2008 By C Thomas Keegel
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 03/18/2008 through 05/17/2008	CALIFORNIA FORM 460 Page 3 of 36 I.D. NUMBER 880969
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$46,136.30	\$90,311.59
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$46,136.30	\$90,311.59
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$46,136.30	\$90,311.59

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$69,779.95	\$115,339.63
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$69,779.95	\$115,339.63
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$69,779.95	\$115,339.63

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary Page, Line 16	<u>(\$193,229.77)</u>
13. Cash Receipts	Column A, Line 3 above	<u>\$46,136.30</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>\$2,270.00</u>
15. Cash Payments	Column A, Line 8 above	<u>\$69,779.95</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	<u>(\$214,603.42)</u>
If this is a termination statement, Line 16 must be zero.		

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	03/18/2008	
through	05/17/2008	Page 4 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. Number 880969

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$0.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$0.00
2. Amount received this period - unitemized contributions of less than \$100	\$46,136.30
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$46,136.30

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 03/18/2008
through 05/17/2008

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

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Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 03/18/2008 through 05/17/2008	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>03/18/2008</u> through <u>05/17/2008</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>36</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

I.D. Number
880969

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 03/18/2008

through 05/17/2008

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER

880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2008	Payee Name: Fiona Ma for Assembly 2010 Candidate Name: Fiona Ma State Assembly Person District 12 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	FIONA MA, STATE HOUSE 12th CA	\$1,000.00	\$2,100.00	2008G: \$1,000.00 2008P: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/19/2008	Payee Name: Mary Hayashi for St Assembly Candidate Name: MARY HAYASHI State Assembly Person District 18 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MARY HAYASHI, STATE HOUSE 18th CA	\$500.00	\$500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/19/2008	Payee Name: Mike Feuer For Assembly 2010 Candidate Name: Mike Feuer State Assembly Person District 42 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MIKE FEUER, STATE HOUSE 42 CA	\$500.00	\$500.00	2008P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$69,703.81
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$69,703.81

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/18/2008

through 05/17/2008

**CALIFORNIA
FORM 460**

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NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2008	Payee Name: DE LA Fuente for City Council 2008 Candidate Name: Ignacio De La Fuente City Council Member Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Ignacio De La Fuente, CITY COUNCIL CA	\$1,100.00	\$1,100.00	2008P: \$1,100.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/19/2008	Payee Name: FRIENDS OF LLOYD LEVINE Candidate Name: LLOYD LEVINE State Senator District 23 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	LLOYD LEVINE, STATE SENATE 23 CA	\$1,500.00	\$1,500.00	2008P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: CMTE TO RE ELECT CURREN PRICE Candidate Name: CA Asm. Curren Price Jr. State Assembly Person District 51 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Curren Price, STATE HOUSE 51 CA	\$500.00	\$500.00	2008P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: DE LA TORRE FOR STATE ASSEMBLY 2008 Candidate Name: HECTOR DE LA TORRE State Assembly Person District 50 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	HECTOR DE LA TORRE, STATE HOUSE 50 CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/18/2008

through 05/17/2008

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NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
 880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2008	Payee Name: IRA RUSKIN FOR ASSEMBLY 2008 Candidate Name: IRA RUSKIN State Assembly Person District 21 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	IRA RUSKIN, STATE HOUSE 21 CA	\$600.00	\$600.00	2008P: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: John A. Perez For Assembly 2010 Candidate Name: John A. Perez State Assembly Person District 46 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	JOHN PEREZ, STATE HOUSE 46 CA	\$3,600.00	\$3,600.00	2008P: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: Carl Wood for Assembly - 2010 Candidate Name: Carl Wood State Assembly Person District 65 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	CARL WOOD, STATE HOUSE 65 CA	\$3,600.00	\$3,600.00	2008P: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: Betty Yee 2010 Candidate Name: Betty Yee Board of Equalization Member District 01 Jurisdiction: Board of Equalization District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Betty Yee, STATE BOARD 1st CA	\$500.00	\$500.00	2010P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2008	
through	05/17/2008	Page 11 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2008	Payee Name: FRIENDS OF Senator ELLEN CORBETT 2010 Candidate Name: ELLEN CORBETT State Senator District 10 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	ELLEN CORBETT, STATE SENATE 6th CA	\$1,100.00	\$1,100.00	2010P: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: GLORIA NEGRETE MCLEOD STATE SENATE 2010 Candidate Name: Gloria Negrete McLeod State Senator District 32 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Gloria Negrete McLeod, STATE SENATE CA	\$1,000.00	\$1,000.00	2010P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: Yee For Senate Candidate Name: Leland Yee State Senator District 08 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	LELAND YEE, STATE SENATE 8th CA	\$1,000.00	\$1,000.00	2010P: \$3,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: MARTI EMERALD FOR SAN DIEGO Candidate Name: MARTI EMERALD City Council Member Jurisdiction: (City Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MARTI EMERALD, CITY COUNCIL CA	\$270.00	\$270.00	2008P: \$270.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/18/2008

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Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2008	Payee Name: Paul Koretz For City Council General 2009 Candidate Name: Paul Koretz City Council Member Jurisdiction: (City Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	PAUL KORETZ, CITY COUNCIL CA	\$500.00	\$500.00	2009P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: PAUL CROST FOR SCHOOL BOARD Candidate Name: PAUL CROST School Board Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	PAUL CROST, School Board CA	\$1,000.00	\$0.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: RON CALDERON FOR SENATE Candidate Name: RON CALDERON State Senator District 30 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	RON CALDERON, STATE SENATE 30 CA	\$1,250.00	\$1,250.00	2010P: \$1,250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: Cmte to elect Silverio Aguilar, Jr Candidate Name: Silverio Aguilar JR Unified School District Jurisdiction: Chino Valley	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Silver Aguilar, Unified School District CA	\$5,000.00	\$0.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

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3/27/2008	Payee Name: FRIENDS OF PAT WIGGINS 2010 Candidate Name: PAT WIGGINS State Senator District 02 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	PAT WIGGINS, STATE SENATE 2nd CA	\$1,000.00	\$1,000.00	2010P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2008	Payee Name: STEINBERG FOR SENATE 2010 Candidate Name: DARRELL STEINBERG State Senator District 06 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	DARRELL STEINBERG, STATE SENATE 6th CA	\$3,600.00	\$3,600.00	2010P: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/1/2008	Intl Gen Tk Dr Whm Hpr Local 315	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	TRANSFER TO AFFILIATED STATE CMTE	\$3,345.68	\$3,345.68	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/1/2008	Teamsters Local 287 DRIVE	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	TRANSFER TO AFFILIATED STATE CMTE	\$3,088.13	\$3,088.13	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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SCHEDULE D (CONT.)

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4/7/2008	Payee Name: Hall for Assembly Candidate Name: ISADORE HALL State Assembly Person District 52 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	ISADORE HALL, STATE HOUSE 52 CA	\$1,500.00	\$1,500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/7/2008	Payee Name: PETTIS ASSEMBLY 2008 Candidate Name: GREG PETTIS State Assembly Person District 80 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	GREG PETTIS, STATE HOUSE 80 CA	\$2,000.00	\$2,000.00	2008P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/7/2008	Payee Name: CMTE TO RE-ELECT BILL QUIRK Candidate Name: BILL QUIRK City Council Member Jurisdiction: (HAYWARD)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	BILL QUIRK, CITY COUNCIL CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/7/2008	Payee Name: FRIENDS OF LLOYD LEVINE Candidate Name: LLOYD LEVINE State Senator District 23 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	LLOYD LEVINE, STATE SENATE 23 CA	\$1,600.00	\$3,100.00	2008P: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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SCHEDULE D (CONT.)

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4/9/2008	Payee Name: Friends Of Hannah-Beth Jackson 2008 Candidate Name: Hannah-Beth Jackson State Senator District 19 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	2008P: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/9/2008	Payee Name: Friends of Jim Prola Candidate Name: Jim Prola City Council Member Jurisdiction: (City Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Jim Prola, CITY COUNCIL CA	\$1,000.00	\$2,000.00	2008P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/9/2008	Payee Name: MARTY BLOCK FOR ASSEMBLY Candidate Name: MARTY BLOCK State Assembly Person District 78 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MARTY BLOCK, STATE HOUSE 78 CA	\$1,500.00	\$1,500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/9/2008	Payee Name: Torres For Assembly 2010 Candidate Name: Norma Torres State Assembly Person District 61 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	NORMA TORRES, STATE HOUSE 61 CA	\$1,500.00	\$1,500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/24/2008	Payee Name: Bonnie Lowenthal For Assembly 2010 Candidate Name: Bonnie Lowenthal State Assembly Person District 54 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	BONNIE LOWENTHAL, STATE HOUSE CA	\$1,500.00	\$1,500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/24/2008	Payee Name: CMTE TO RE ELECT CURREN PRICE Candidate Name: CA Asm. Curren Price Jr. State Assembly Person District 51 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Curren Price, STATE HOUSE 51 CA	\$500.00	\$1,000.00	2008P: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/24/2008	Payee Name: TAXPAYERS FOR PERATA Candidate Name: DON PERATA State Senator District 09 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	DON PERATA, STATE SENATE 9th CA	\$2,000.00	\$2,000.00	2010P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/24/2008	Payee Name: SENATOR JACK SCOTT OFFICE HOLDER CMTE Candidate Name: Senator Jack Scott State Senator District 21 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Jack Scott, STATE SENATE 21 CA	\$250.00	\$250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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SCHEDULE D (CONT.)

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4/24/2008	Payee Name: Solorio for Assembly 2010 Candidate Name: Jose Solorio State Assembly Person District 69 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Jose Solorio, STATE HOUSE 69 CA	\$500.00	\$500.00	2008P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/24/2008	Payee Name: KRISS WORTHINGTON FOR ASSEMBLY Candidate Name: KRISS WORTHINGTON State Assembly Person District 14 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	KRISS WORTHINGTON, STATE HOUSE 14th CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/24/2008	Payee Name: Loni Hancock For State Senate Candidate Name: Loni Hancock State Senator District 09 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Loni Hancock, STATE SENATE 9th CA	\$1,000.00	\$1,000.00	2008P: \$3,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/24/2008	Payee Name: SALDANA FOR ASSEMBLY 2008 Candidate Name: LORI SALDANA State Assembly Person District 76 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	LORI SALDANA, STATE HOUSE 76 CA	\$1,000.00	\$1,000.00	2008G: \$1,000.00 2008P: \$3,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

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4/24/2008	Payee Name: Skinner For Assembly 2010 Candidate Name: Nancy Skinner State Assembly Person District 14 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	NANCY SKINNER, STATE HOUSE 14th CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/24/2008	Payee Name: HOLOBER FOR ASSEMBLY Candidate Name: RICHARD HOLOBER State Assembly Person District 19 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	RICHARD HOLOBER, STATE HOUSE 19th CA	\$500.00	\$500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/28/2008	Payee Name: BLUMENFIELD FOR ASSEMBLY Candidate Name: BOB BLUMENFIELD State Assembly Person District 40 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	BOB BLUMENFIELD, STATE HOUSE 40 CA	\$1,500.00	\$1,500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/28/2008	Payee Name: FRIENDS OF BILL MONNING Candidate Name: BILL MONNING State Assembly Person District 27 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	BILL MONNING, STATE HOUSE 27 CA	\$1,000.00	\$1,000.00	2008P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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SCHEDULE D (CONT.)

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4/28/2008	Payee Name: CASERTA STATE ASSEMBLY Candidate Name: DOMINIC CASERTA State Assembly Person District 22 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	DOMINIC CASERTA, STATE HOUSE 22 CA	\$1,800.00	\$1,800.00	2008P: \$1,800.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/28/2008	Payee Name: FRAN FLOREZ FOR ASSEMBLY Candidate Name: FRAN FLOREZ State Assembly Person District 30 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	FRAN FLOREZ, STATE HOUSE 30 CA	\$1,000.00	\$1,000.00	2008P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/28/2008	Payee Name: FRIENDS OF JOAN BUCHANAN Candidate Name: JOAN BUCHANAN State Assembly Person District 15 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	JOAN BUCHANAN, STATE HOUSE 15th CA	\$1,500.00	\$1,500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/28/2008	Payee Name: DR PHIL POLAKOFF FOR STATE ASSEMBLY 08 Candidate Name: PHIL POLAKOFF State Assembly Person District 14 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	PHIL POLAKOFF, STATE HOUSE 14th CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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SCHEDULE D (CONT.)

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4/28/2008	Payee Name: FRIENDS OF URANGA Candidate Name: TONIA REYES State Assembly Person District 54 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	TONIA REYES, STATE HOUSE 54 CA	\$1,500.00	\$1,500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/28/2008	Payee Name: TONY THURMOND FOR ASSEMBLY Candidate Name: TONY THURMOND State Assembly Person District 14 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	TONY THURMOND, STATE HOUSE 14th CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/5/2008	Payee Name: Tom Ammiano for Assembly 2010 Candidate Name: Tom Ammiano State Assembly Person District 13 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Tom Ammiano, STATE HOUSE 13th CA	\$1,000.00	\$0.00	2008P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/16/2008	Payee Name: Alice Lai-Bitker For Supervisor Candidate Name: Alice Lai-Bitker County Supervisor District 03 Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	ALICE LAI-BITKER, COUNTY SUPERVISOR 3rd CA	\$500.00	\$500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/16/2008	Payee Name: Carol Liu for Senate 2012 Candidate Name: Carol Liu State Senator District 21 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Carol Liu, STATE SENATE 21 CA	\$1,500.00	\$1,500.00	2008P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/16/2008	Payee Name: Neighbors For Russo Candidate Name: John Russo City Attorney Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	John Russo, CITY ATTORNEY CA	\$1,000.00	\$0.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$69,703.81		

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 03/18/2008 through 05/17/2008	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fiona Ma for Assembly 2010 San Francisco, CA 94122 Committee ID: 1313995	CTB		FIONA MA, STATE HOUSE 12th CA	\$1,000.00
Mary Hayashi for St Assembly Castro Valley, CA 94546 Committee ID: 1293240	CTB		MARY HAYASHI, STATE HOUSE 18th CA	\$500.00
Mike Feuer For Assembly 2010 Los Angeles, CA 90004 Committee ID: 1313572	CTB		MIKE FEUER, STATE HOUSE 42 CA	\$500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$69,703.81
2. Unitemized payments made this period of under \$100.	\$76.14
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$69,779.95

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DE LA Fuente for City Council 2008 Oakland, CA 94601	CTB		Ignacio De La Fuente, CITY COUNCIL CA	\$1,100.00
Committee ID: 1292138 FRIENDS OF LLOYD LEVINE LOS ANGELES, CA 90004	CTB		LLOYD LEVINE, STATE SENATE 23 CA	\$1,500.00
Committee ID: 1278106 CMTE TO RE ELECT CURREN PRICE ROSEVILL, CA 95661	CTB		Curren Price, STATE HOUSE 51 CA	\$500.00
Committee ID: 1293132 DE LA TORRE FOR STATE ASSEMBLY 2008 SACRAMENTO, CA 95814	CTB		HECTOR DE LA TORRE, STATE HOUSE 50 CA	\$500.00
Committee ID: 1292824 IRA RUSKIN FOR ASSEMBLY 2008 SAN FRANCISCO, CA 94133	CTB		IRA RUSKIN, STATE HOUSE 21 CA	\$600.00
Committee ID: 1293236				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2008	
through 05/17/2008		Page 24 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

SEE INSTRUCTIONS ON REVERSE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John A. Perez For Assembly 2010 Sacramento, CA 95814 Committee ID: 1314080	CTB		JOHN PEREZ, STATE HOUSE 46 CA	\$3,600.00
Carl Wood for Assembly - 2010 Sacramento, CA 95842 Committee ID: 1317574	CTB		CARL WOOD, STATE HOUSE 65 CA	\$3,600.00
Betty Yee 2010 Sacramento, CA 95814 Committee ID: 1293572	CTB		Betty Yee, STATE BOARD 1st CA	\$500.00
FRIENDS OF Senator ELLEN CORBETT 2010 Sacramento, CA 95814 Committee ID: 1294417	CTB		ELLEN CORBETT, STATE SENATE 6th CA	\$1,100.00
GLORIA NEGRETE MCLEOD STATE SENATE 2010 CHINO, CA 91708 Committee ID: 1293125	CTB		Gloria Negrete McLeod, STATE SENATE CA	\$1,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 03/18/2008 through 05/17/2008		CALIFORNIA FORM 460 Page 25 of 36
I.D. NUMBER 880969		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yee For Senate Sacramento, CA 95814 Committee ID: 1294887	CTB		LELAND YEE, STATE SENATE 8th CA	\$1,000.00
MARTI EMERALD FOR SAN DIEGO SAN DIEGO, CA 92120 Committee ID: 1301052	CTB		MARTI EMERALD, CITY COUNCIL CA	\$270.00
Paul Koretz For City Council General 2009 Los Angeles, CA 90004 Committee ID: 1316288	CTB		PAUL KORETZ, CITY COUNCIL CA	\$500.00
PAUL CROST FOR SCHOOL BOARD BURBANK, CA 91502 Committee ID: 1303941	CTB		PAUL CROST, School Board CA	\$1,000.00
RON CALDERON FOR SENATE Covina, CA 91722 Committee ID: 1292883	CTB		RON CALDERON, STATE SENATE 30 CA	\$1,250.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2008	
through 05/17/2008		Page 26 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cmte to elect Silverio Aguilar, Jr Chino, CA 91710	CTB		Silver Aguilar, Unified School District CA	\$5,000.00
Committee ID: 1291272 FRIENDS OF PAT WIGGINS 2010 SANTA ROSA, CA 95404	CTB		PAT WIGGINS, STATE SENATE 2nd CA	\$1,000.00
Committee ID: 1295152 STEINBERG FOR SENATE 2010 SACRAMENTO, CA 95814	CTB		DARRELL STEINBERG, STATE SENATE 6th CA	\$3,600.00
Committee ID: 1292824 Intl Gen Tk Dr Whm Hpr Local 315 Martinez, CA 94553	CTB		TRANSFER TO AFFILIATED STATE CMTE	\$3,345.68
Committee ID: 861299 Teamsters Local 287 DRIVE San Jose, CA 95112	CTB		TRANSFER TO AFFILIATED STATE CMTE	\$3,088.13
Committee ID: 910273				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2008	
through 05/17/2008		Page 27 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hall for Assembly Sacramento, CA 95814	CTB		ISADORE HALL, STATE HOUSE 52 CA	\$1,500.00
Committee ID: 1296563 PETTIS ASSEMBLY 2008 CATHEDRAL CITY, CA 92234	CTB		GREG PETTIS, STATE HOUSE 80 CA	\$2,000.00
Committee ID: 1285158 CMTE TO RE-ELECT BILL QUIRK HAYWARD, CA 94542	CTB		BILL QUIRK, CITY COUNCIL CA	\$500.00
Committee ID: 1253901 FRIENDS OF LLOYD LEVINE LOS ANGELES, CA 90004	CTB		LLOYD LEVINE, STATE SENATE 23 CA	\$1,600.00
Committee ID: 1278106 Friends Of Hannah-Beth Jackson 2008 Santa Barbara, CA 93190	CTB		HANNAH-BETH JACKSON, STATE SENATE 19th CA	\$2,500.00
Committee ID: 1273013				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2008	
through 05/17/2008		Page 28 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Friends of Jim Prola San Leandro, CA 94577	CTB		Jim Prola, CITY COUNCIL CA	\$1,000.00
Committee ID: 1302553 MARTY BLOCK FOR ASSEMBLY SAN DIEGO, CA 92103	CTB		MARTY BLOCK, STATE HOUSE 78 CA	\$1,500.00
Committee ID: 1294013 Torres For Assembly 2010 Huntington Beach, CA 92647	CTB		NORMA TORRES, STATE HOUSE 61 CA	\$1,500.00
Committee ID: 1313989 Bonnie Lowenthal For Assembly 2010 Sacramento, CA 95814	CTB		BONNIE LOWENTHAL, STATE HOUSE CA	\$1,500.00
Committee ID: 1314507 CMTE TO RE ELECT CURREN PRICE ROSEVILL, CA 95661	CTB		Curren Price, STATE HOUSE 51 CA	\$500.00
Committee ID: 1293132				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2008	
through 05/17/2008		Page 29 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

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TAXPAYERS FOR PERATA SACRAMENTO, CA 95814	CTB		DON PERATA, STATE SENATE 9th CA	\$2,000.00
Committee ID: 1277980				
SENATOR JACK SCOTT OFFICE HOLDER CMTE CARMEL, CA 93921	CTB		Jack Scott, STATE SENATE 21 CA	\$250.00
Committee ID: 1293635				
Solorio for Assembly 2010 Sacramento, CA 95814	CTB		Jose Solorio, STATE HOUSE 69 CA	\$500.00
Committee ID: 1314073				
KRISS WORTHINGTON FOR ASSEMBLY BERKELEY, CA 94705	CTB		KRISS WORTHINGTON, STATE HOUSE 14th CA	\$500.00
Committee ID: 1301557				
Loni Hancock For State Senate Berkley, CA 94705	CTB		Loni Hancock, STATE SENATE 9th CA	\$1,000.00
Committee ID: 1314017				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 03/18/2008		
through 05/17/2008		Page 30 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SALDANA FOR ASSEMBLY 2008 SAN DIEGO, CA 92169 Committee ID: 1293790	CTB		LORI SALDANA, STATE HOUSE 76 CA	\$1,000.00
Skinner For Assembly 2010 Sacramento, CA 95814 Committee ID: 1313828	CTB		NANCY SKINNER, STATE HOUSE 14th CA	\$500.00
HOLOBER FOR ASSEMBLY BURLINGAME, CA 94010 Committee ID: 1267530	CTB		RICHARD HOLOBER, STATE HOUSE 19th CA	\$500.00
BLUMENFIELD FOR ASSEMBLY SACRAMENTO, CA 95814 Committee ID: 1294888	CTB		BOB BLUMENFIELD, STATE HOUSE 40 CA	\$1,500.00
FRIENDS OF BILL MONNING MONTEREY, CA 93942 Committee ID: 1297946	CTB		BILL MONNING, STATE HOUSE 27 CA	\$1,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2008	
through 05/17/2008		Page 31 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CASERTA STATE ASSEMBLY SANTA CLARA, CA 95050 Committee ID: 1293588	CTB		DOMINIC CASERTA, STATE HOUSE 22 CA	\$1,800.00
FRAN FLOREZ FOR ASSEMBLY SHAFTER, CA 93263 Committee ID: 1292679	CTB		FRAN FLOREZ, STATE HOUSE 30 CA	\$1,000.00
FRIENDS OF JOAN BUCHANAN DAVILLE, CA 94526 Committee ID: 1299423	CTB		JOAN BUCHANAN, STATE HOUSE 15th CA	\$1,500.00
DR PHIL POLAKOFF FOR STATE ASSEMBLY 08 RICHMOND, CA 94802 Committee ID: 1301658	CTB		PHIL POLAKOFF, STATE HOUSE 14th CA	\$500.00
FRIENDS OF URANGA LONG BEACH, CA 90809 Committee ID: 1291134	CTB		TONIA REYES, STATE HOUSE 54 CA	\$1,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 03/18/2008		
through 05/17/2008		Page 32 of 36
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TONY THURMOND FOR ASSEMBLY RICHMOND, CA 94802	CTB		TONY THURMOND, STATE HOUSE 14th CA	\$500.00
Committee ID: 1296272 Tom Ammiano for Assembly 2010 Sacramento, CA 95814	CTB		Tom Ammiano, STATE HOUSE 13th CA	\$1,000.00
Committee ID: 1290516 Alice Lai-Bitker For Supervisor Oakland, CA 94618	CTB		ALICE LAI-BITKER, COUNTY SUPERVISOR 3rd CA	\$500.00
Committee ID: 1233563 Carol Liu for Senate 2012 Sacramento, CA 95814	CTB		Carol Liu, STATE SENATE 21 CA	\$1,500.00
Committee ID: 1313880 Neighbors For Russo Oakland, CA 94606	CTB		John Russo, CITY ATTORNEY CA	\$1,000.00
Committee ID: 931297				

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SUBTOTAL \$69,703.81

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 03/18/2008
through 05/17/2008

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 03/18/2008
through 05/17/2008

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

NAME OF AGENT OR INDEPENDENT CONTRACTOR

- CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER), CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. The table contains 5 empty rows for data entry.

Attach additional information on appropriately labeled continuation sheets. TOTAL*

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 03/18/2008

through 05/17/2008

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I.D. NUMBER

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
								PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
								PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period

(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans

(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 03/18/2008

through 05/17/2008

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
4/25/2008	MARTI EMERALD FOR SAN DIEGO SAN DIEGO, CA 92120 Filer ID: 1301052	Void - ORIG CK DATE 3/27/2008; CK #005171	\$270.00
5/1/2008	Tom Ammiano for Assembly 2010 Sacramento, CA 95814 Filer ID: 1290516	Void - CK #004861; ORIG CK DATE - 11/30/2007	\$1,000.00
5/1/2008	TOM TORLAKSON STATE SUPERINTENDENT OF PUB INSTRUCT ANTIOCH, CA 94509 Filer ID: 1282317	Void - CK #004554; ORIG CK DATE 9/11/2007	\$1,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$2,270.00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$2,270.00
2. Unitemized increases to cash under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$2,270.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC